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**TRANSMITTAL
FORM**

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/825,783	
	Filing Date	April 16, 2004	
	First Named Inventor	Russell A. Houser	
	Art Unit	2819	
	Examiner Name	unassigned	
Total Number of Pages in This Submission	6	Attorney Docket Number	036624-007

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Revocation of Attorney and POA, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Patent Practitioners to be Made of Record
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Thelen Reid & Priest LLP		
Signature			
Printed Name	Robert E. Krebs		
Date	Feb 8, 2005	Reg. No.	25,885

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Typed or printed name	Monica Pizarro	Date	2/9/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Russell A. Houser et al.
SERIAL NO.: 10/825,783
FILING DATE: April 16, 2004
TITLE: Hemostatic Patch for Treating Congestive Heart Failure
EXAMINER: unassigned
ART UNIT: 2819

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Monica Mizarro

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P.O. Box 1450
Alexandria, VA 22313-1450

PATENT PRACTITIONERS TO BE MADE OF RECORD

Please recognize the following ten patent practitioners in the attached Declaration and Power of Attorney as being of record in the application or patent to which the power of attorney is directed:

Robert E. Krebs, Reg. No. 25,885
Adrienne Yeung, Reg. No. 44,000
Khaled Shami, Reg. No. 38,745
Thierry K. Lo, Reg. No. 49,097
Masako Ando, (37 C.F.R. §10.9 (b))

David B. Ritchie, 31,562
Marc S. Hanish, Reg. No. 42,626
D. Bommi Bommannan, Reg. No. 39,452
Theresa Moorman, Reg. No. 46,941
Hal J. Bohner, Reg. No. 27,856

The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 50-1698.

Respectfully submitted,
THELEN REID & PRIEST LLP

Dated: February 8, 2005


Robert E. Krebs
Reg. No. 25,885

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Docket No.: 036624-007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Russell A. Houser et al.
SERIAL NO.: 10/825,783
FILING DATE: April 16, 2004
TITLE: Hemostatic Patch for Treating Congestive Heart Failure
EXAMINER: unassigned
ART UNIT: 2819

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Name: Monica Pizarro
Monica Pizarro

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REVOCATION OF ATTORNEY AND POWER OF ATTORNEY

The undersigned, having authority to act as the owner of the entire title to the patent application identified above, hereby revokes all powers of attorney previously given and hereby appoints Robert E. Krebs, Registration No. 25,885; David B. Ritchie, Registration No. 31,562; Marc S. Hanish, Registration No. 42,626; John P. Schaub, Registration No. 42,125; Adrienne Yeung, Registration No. 44,000; Steven J. Robbins, Registration No. 40,299; Thierry K. Lo, Registration No. 49,097; William Samuel Niece, Registration No.: 47,824; Khaled Shami, Registration No. 38,745; William E. Winters, Registration No. 42,232; Masako Ando, (37 C.F.R. §10.9 (b)); John Klaas Uilkema, Registration No. 20,282; Theresa Moorman, Registration No. 46,941; D. Bommi Bommann, Registration No. 39,452; Becky L. Troutman, Registration No. 36,703; and Hal J. Bohner, Registration No. 27,856, to act on applicant's behalf before the

SV #196115 v1

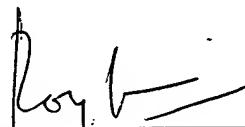
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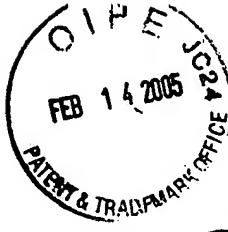
Robert E. Krebs
THELEN REID & PRIEST LLP
P.O. BOX 640640
SAN JOSE, CA 95164-0640

and direct all telephone calls to **Robert E. Krebs** at (408) 292-5800.

Dated: Feb 4, 05



Roy Chin
Vice President, Research & Development



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**CHANGE OF
CORRESPONDENCE ADDRESS**
Application

Address to:
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P.O. Box 1450
Alexandria, VA 22313-1450.

Application Number	10/825,783
Filing Date	April 16, 2004
First Named Inventor	Russell A. Houser
Art Unit	2819
Examiner Name	unassigned
Attorney Docket Number	036624-007

Please change the Correspondence Address for the above-identified application to:

 The address associated with
Customer Number: **OR** Firm or
Individual Name Thelen Reid & Priest LLP
Robert E. Krebs**Address** P.O. Box 640640**City** San Jose **State** CA **Zip** 95164-0640**Country** USA**Telephone** 408.292.5800 **Fax** 408.287.8040

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I am the :

- Applicant/Inventor.
- Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- Attorney or agent of record. Registration Number 25,885.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Signature **Typed or Printed
Name** Robert E. Krebs**Date***Feb 8, 2005***Telephone** 408.292.5800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.